

Texas Department of Health
Toxic Substances Control Division
Asbestos Licensing Section

Place
Photo
Here

PO Box 141097
Austin, Texas 78714-1097
800/572-5548 or 512/834-6610

Do Not Write In This Box - For Health Department Use Only	
Date Received: _____	Remittance #: _____ 7C790-178
Date Reviewed: _____	Amount Received: _____
Date Approved: _____	Fiscal Year: _____
License Number: _____	Date Postmarked: _____
Date Issued: _____ Initials _____	Date Mailed: _____ Initials _____

Asbestos Individual Management Planner License Application

A license is required for asbestos individual management planners in accordance with 25 TAC §295.31-73. The annual fee of **\$120** must accompany the application. Send a **cashiers check or money order** payable to the "Texas Department of Health - 7C790-178." **DO NOT SEND CASH OR PERSONAL CHECKS.** Complete all blocks below (print or type only) and supply all required documentation listed on the back of this form. Applications will not be issued until all necessary documentation has been provided. **LICENSE FEES ARE NON-REFUNDABLE.**

If renewing

Enter your current license/registration number: _____ Expiration Date: _____

Applicant Name		Social Security # (optional)	
Date of Birth: (month, day, year)		Telephone Number	
()			
Mailing Address	City	State	Zip Code
Company Affiliation (if any)		Telephone Number	
()			
Company Affiliation Address	City	State	Zip Code

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any forged or fraudulent documents in order to obtain a license. All information I have provided is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section, under TAHP, 25 TAC §295.35 (a), to verify my identity.

Signature of Applicant

Date

The following documentation is required, in accordance with §295.51(e) of the Texas Asbestos Health Protection Rules:

If your license has expired for more than 180 days you will be considered a new applicant. You will need to submit #3.

Initial license: please provide all of the following except item #2

If renewing, please provide all of the following except items #1, # 3, #6, #7, and #10

- _____ 1. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos inspector and management planner initial courses.
- _____ 2. Submit a copy of applicants certificate of training from a Department-approved training provider for the asbestos inspector and management planner refresher courses.
- _____ 3. Submit a copy of applicants original and all subsequent refresher certificates of training from a Department-approved training provider for the asbestos inspector and management planner refresher courses.
- _____ 4. A copy of the training course identification card with a visible photo.
- _____ 5. Out-of-state training will be accepted with submittal of a 3-hour Texas laws training course or an 8-hour refresher from a Department-approved training provider.
- _____ 6. Have an associate's degree from an accredited college or university or successfully complete a minimum of 60 credit hours from an accredited college or university.
- _____ 7. Have participated in the preparation of at least five (5) management plans or surveys under the direction of a licensed management planner or licensed asbestos consultant.
- _____ 8. A physician's written opinion, submitted on the Texas Department of Health's "Physician's Written Statement" form only (revised 4/99), of a physical examination performed within the past twelve (12) months in accordance with 40 CFR 763.12(m) (EPA) or 29 CFR 1926.1101 (OSHA) concerning physical examination for asbestos workers.
- _____ 9. A 1" x 1" photograph of the face.
- _____ 10. Proof of successfully passing the department examination for individual management planner, if initial application.
- _____ 11. If working for hire, Professional Liability Insurance coverage in the amount of \$1,000,000 for errors and omissions, or be covered under an employer's policy as required by §295.40 of this title (relating to Licensing and Registration: Insurance Requirements. Policy must name Texas Department of Health as the certificate holder with a 10-day cancellation notice.
- _____ 12. A visible (photo quality) copy, front and back, of the documents required, on the attached Form I-9 (Rev. 11-21-91) N, to establish both identity and employment eligibility. The applicant shall provide either one document from list "A" or a combination of two documents, one each, from lists "B" & "C".
- _____ 13. Copies of any notice of violations or citations issued by the Texas Department of Health, if renewing, only within the last year.

Start and Completion Dates	Project Name, Location and Contract Amount	Project Description and Applicant's Duties	Contact Person and Phone Number
5/12/99 - 6/30/99	City Public Service HQ 138 State St. Abilene, TX 79867 550 LF and 300 SF.	Supervised removal of pipe insulation and ducts. Set up, removal, personnel monitoring and bag out.	Ron Howard 915/784-0987
7/2/00 - 10/19/00	St. Anne's Church 893 E. Maple San Antonio, TX 78286 25,000 SF	Supervised removal of pipe insulation boiler, ceiling and	Murphy Brown 512/345-3567

IMPORTANT

* If your application is complete, allow a **minimum** of three weeks for processing once received by the licensing section.

* Within 30 days of receipt of your application, a Deficiency Notification Form will be sent if additional documentation is required or errors are contained in your

application. From the date of the Deficiency Notification Form, you have 90 days to complete your application, after which it will be denied due to abandonment [§295.38(e)(2)(A) of the Texas Asbestos Health Protection Rules].

* If your license is lost or stolen, you must request, complete, and submit an "Application for Duplicate Asbestos License" form. This form may be obtained at the address or telephone number shown on page 1 of this application.

* Make sure you have completed all appropriate sections of this form. Sign and date the application, and return it to the address shown below:

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 522.021, 522.023 y 559.004)

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